

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|---------------------|---------|
| FEE DETERMINATION | <i>chr</i> | 6764 | 4/15/00 |
| O.I.P.E. CLASSIFIER | | 64853 ¹⁰ | 4-19-00 |
| FORMALITY REVIEW | | | 10/9/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 9/16/00 |
| 2 | ✓ | ✓ | 9/16/00 |
| 3 | ✓ | ✓ | 9/16/00 |
| 4 | ✓ | ✓ | 9/16/00 |
| 5 | ✓ | ✓ | 9/16/00 |
| 6 | ✓ | ✓ | 9/16/00 |
| 7 | ✓ | ✓ | 9/16/00 |
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| 9 | ✓ | ✓ | 9/16/00 |
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| 12 | ✓ | ✓ | 9/16/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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